

**ARIZONA BOARD OF OCCUPATIONAL THERAPY EXAMINERS**4205 N. 7th Avenue, Suite 305

Phoenix, Arizona 85013

(602) 589-8352

FAX: (602) 589-8354

ARIZONA VERIFICATION OF LICENSE**INSTRUCTIONS FOR USE:**

1. Complete the applicant portion of the form.
2. Send to the address above for processing or fax to 602-589-8354.

LICENSEE TO COMPLETE THIS SECTION

NAME:	Last			First		MI					
									OTR		COTA
Address		Street			City		State			Zip code	
Social Security Number							License Number				
NBCOT Number						Date Granted					

Signature _____

Date _____

SEND VERIFICATION TO:

NAME OF ORGANIZATION:						
Address		Street		City	State	Zip code

THE FOLLOWING INFORMATION WILL BE COMPLETED BY THE ARIZONA BOARD OF OCCUPATIONAL THERAPY:

License Number		Date Issued		Expiration	
----------------	--	-------------	--	------------	--

Licensed as:

☐ OTR☐ COTA

Has disciplinary action been taken against licensee?

☐ YES☐ NO

Is there any disciplinary action pending?

☐ YES☐ NO

Completed by	
--------------	--

Signature		Title	
Telephone Number	()	Date	